FORM DR2 Claim for a son or daughter or a child of your civil partner on whose services you depend



Claimant's Details																			
Name																			
Address (include eircode)																			
PPSN											[
Date of Birth													DI	D	/1 M	Y	Y	Y	Y
Nature of Incapacity																			
Details of son or daug	ghter	or	a c	hile	d of	' yc	our	civ	vil p	bai	rtn	er							
Name																			
PPSN (if known)			[
Does your son or daug	hter o	or cl	hild	of	you	ır ci	vil	par	tne	er l	ive	e W	ith	yo	u?				
Yes No		Ti	ick	(🗸) as	ap	prc	pri	ate	9									
Source(s) of his or her i (for example State Pens		•		• •	tere	est,	etc	.)											
Annual amount of this i	Annual amount of this income													,].[0	0

Time Limit for Repayment Claims

A claim for repayment of tax must be made within four years after the end of the tax year to which the claim relates. For example, claims for 2020 must be made by 31 December 2024. Please note you must have paid income tax during the year of your claim in order to receive a repayment. If you owe income tax to Revenue for an earlier year, your repayment may be reduced by this amount.

Bank Details

If you wish to have any refund paid directly to your bank account, please provide your bank account details.

Note: It is quicker to receive payments electronically than by cheque.

Single Euro Payments Area (SEPA)

Your International Bank Account Number (IBAN) and Bank Identifier Code (BIC) are generally available on your bank account statements.

It is not possible to make a refund directly to a foreign bank account that is not a member of SEPA

International Bank Account Number (IBAN) (Maximum: 34 characters)

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Bank Identifier Code (BIC) (Maximum: 11 characters)

Note: Any subsequent Revenue refunds will be made to this bank account until otherwise notified.

Declaration

I declare that all the particulars given in this form are correct to the best of my knowledge and belief.

Signature

Telephone

E-mail

Date



